



DIVISION OF ADOLESCENT AND SCHOOL HEALTH

How CDC Prepares Healthy Youth for Successful Futures

OUR MISSION CDC, through its Division of Adolescent and School Health, works to strengthen schools, families, and communities to prevent HIV, other STDs, and unintended pregnancy, and help youth become healthy, successful adults.

The adolescent years are an ideal time to develop healthy behaviors. As a nation, we have a collective responsibility to equip young people with the information and skills they need to be healthy throughout their lifetime. Though youth today are healthy overall, there is still work to do to address disparities in student health.

CDC is a leader in developing and promoting data-driven ways to make youth safer and healthier. We are committed to preventing HIV, STDs, and unintended pregnancy among all youth. Taking a school-based health promotion and disease prevention approach, we build strategic partnerships with public health and education agencies and national organizations to prepare healthy youth for successful futures.

HOW HEALTHY ARE TODAY'S ADOLESCENTS?

Sexual risk behaviors are declining.

Risk behaviors have improved steadily over the years. From 2007 to 2017, CDC data show declines in sexual risk behaviors among students. Significantly fewer high school students have ever had sex, and fewer have had sex with four or more people.

Health risks remain.

Still, far too many young people remain at risk. Some youth engage in multiple and serious risk behaviors like high-risk substance use and sex without condoms, and go through harmful experiences such as being a victim of violence.

Health disparities require focus.

Youth who engage in these behaviors or who have these harmful experiences are more at risk for a variety of negative health outcomes, including HIV, STDs, and unintended pregnancy. Tailored approaches are needed to reach youth at highest risk earlier, before they adopt multiple risk behaviors.

FAST FACTS About Youth

30% of students currently drink alcohol—down from 43% in 2005



56 million U.S. students attend public or private school



40% of high school students have ever had sex—down from 48% in 2007

More than 46% of sexually active high school students did not use a condom the last time they had sex



Half of all new STDs reported each year are among young people aged 15 to 24



Nearly 1 in 7 U.S. students reported misusing prescription opioids

Sources: National Youth Risk Behavior Survey, 2017, and Sexually Transmitted Disease Surveillance Report, 2016



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

@CDC_DASH

www.cdc.gov/healthyyouth

April 2020

HOW DOES CDC PROTECT THE HEALTH OF THE NATION'S YOUTH?

We collect data that drive action.

- CDC's school-based surveillance systems provide state- and district-level educators with information they can translate into **programs, policies, and practices** that reduce health costs and improve students' lives.

We translate science into innovative programs and tools that work to protect youth.

- CDC's **evaluation research** identifies the most effective programs and practices to help reduce adolescent sexual risk behaviors.
- CDC experts study **sexual risk behaviors and protective factors** in youth. We know that enhancing protective factors—such as parent engagement and school connectedness—can help adolescents avoid behaviors that put them at risk for poor health and educational outcomes.
- Our national leadership sets a **research agenda** that applies to the broader field of adolescent sexual health and fills in important knowledge gaps.
- Using research findings, we identify the next generation of **effective practices for school health programs** and create **evidence-based tools and resources** to help state and local education agencies and youth-serving organizations implement the latest, most effective strategies available.

We support a network of leaders in primary prevention.

- CDC engages an established network of leaders in school-based HIV, STD, and pregnancy prevention. Between 2013 and 2018, funding to education agencies reached **nearly 2 million students**. These funded partners:
 - Deliver **HIV, STD, and pregnancy prevention programs** grounded in the latest research
 - Select and deliver quality **sexual health education** curricula that best fit local needs
 - Build local capacity to increase students' access to **sexual health services**, onsite or in the community
 - Promote **safe and supportive environments** where students feel connected to school and supportive adults
 - Address the unique needs of **sexual and gender minority youth**, who not only have higher rates of HIV and STDs, but also are more likely to experience bullying, violence, substance use, and other challenges.
- We also fund **national organizations** to help education agencies with training, technical assistance, and resource development to **increase the impact of local programs**.

- Since 1991, the **Youth Risk Behavior Surveillance System (YRBSS)** has collected survey data from nearly 4.5 million high school students in 49 states and several local jurisdictions. YRBSS is the largest public health surveillance system in the U.S., monitoring a broad range of health-related behaviors and experiences among high school students.
- Our **School Health Profiles** surveys provide data about health policies and practices in U.S. schools at the state, local, and national levels.

FAST FACTS: LGB Youth

While many **lesbian, gay, and bisexual (LGB) youth*** thrive during adolescence, stigma, discrimination, and other factors may put them at increased risk for negative health and life outcomes.



16% experience sexual dating violence

About **one third** are bullied at school or online



They are **more** likely to have been tested for HIV (14% LGB students vs. 9% heterosexual students)

They are nearly **twice** as likely as other students to use illegal drugs



More than **47%** have seriously considered suicide

Source: National Youth Risk Behavior Survey, 2017

Together with our partners, we can support youth to achieve their social, emotional, and academic potential.

*There are many terms used to describe lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) sexual and gender identity. DASH uses LGBTQ to refer to the broad population of youth who identify with a sexual or gender identity other than cisgender or heterosexual. Here, we use the narrower acronym LGB to be consistent with the study populations surveyed in the surveillance data discussed.